

Our Lady of Assumption Society, Netcong, NJ
Application for Membership

Name_____ Phone_____

Address_____ Email_____

City_____ State_____ Zip Code_____

Parish/Church Affiliation _____

Parish/Church Address_____

Parish Church/ City_____ State_____ Zip Code_____ Phone_____

Current/Past Community Volunteer work

1.

2.

3.

(Use additional page if necessary)

Why do you want to become a member of the Assumption Society?

Sponsoring Member

Print Name_____ Phone_____

Signature_____ Date_____